AIRMAN ADP MAILING LABEL REQUEST						DATE SUBMITTED
ASP/Rain Check Programs						
TO:		THRU: Reg	ional Coordina	tor:	Routing Symbol	FROM: Wm Fitzgerald
AFS-760		X ASP RAIN CH		N CHECK	AWP-204	
		NAME (Typed and Signed)			DATE	PLEASE COMPLETE
☐ APPROVED						MAILING ADDRESS
☐ DISAPPROVED		K	evin L. Clov	er		↓ LABEL ↓
SHADED AREAS		FOR AFS-760 ONLY		SHIP TO:		
2	1	1	1			
SELECT	1. LABEL	2. SELECT	3. AIRMAN			
NUMBER	TYPE	LEVEL	CERT.			
	(1)	(1) BLANK	(1)	DATE		DATE
				RECEIVED		SHIPPED
2	4	3	5	AFS-760		I.O.
4. REGION (2)	5. STATE (2)	6. COUNTY (3)	7. ZIP CODE <i>(5)</i>	REMARKS		
				MEETING DATE:		
				MAIL DATE:		
				# OF PAGES:		
				COLOR OF PAPER:		
				# OF EXTRA COPIES:		
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				RSPM: TELEPHONE	#:	
				SPM: TELEPHONE #:		